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2019 SEP -4 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE FL 904

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Women of Worth Empowerment group inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Marissa Daniels  
\_\_\_\_\_  
Name (Printed or typed)

561 SW Prado Ave  
\_\_\_\_\_  
Address

Port St. Lucie FL 34953  
\_\_\_\_\_  
City, State & Zip

(772) 267-2454  
\_\_\_\_\_  
Daytime Telephone number

Womenofworth.wow2017@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Women of Worth Empowerment group inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
561 SW Prado Ave

Port St. Lucie Fl

34983

Mailing address, if different is:  
P.O. Box 881034

Port St. Lucie, Fl

34988

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable  
andeducational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code, as may be amended.

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**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marissa Daniels, President: Name and Title: \_\_\_\_\_

Address: 561 SW Prado Avenue, Address: \_\_\_\_\_  
Port St. Lucie, FL 34983.

Name and Title: Maureen Lurry, Vice President and Secretary: Name and Title: \_\_\_\_\_

Address: P.O. Box 12075 Address: \_\_\_\_\_  
Fort Pierce, FL 34979.

Name and Title: Shaquira Johnson, Treasurer: Name and Title: \_\_\_\_\_

Address: 208 SW Grove Ave, Address: \_\_\_\_\_  
Port St. Lucie, FL 3493

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marissa Daniels  
 Address: 561 SW Prado Ave  
Port St. Lucie, Fl 34983

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marissa Daniels  
 Address: 561 SW Prado Ave  
Port St. Lucie, Fl 34983

**ARTICLE VIII EFFECTIVE DATE:** 08/26/2019

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Marissa Daniels  
 Required Signature of Registered Agent

8/26/2019  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Marissa Daniels  
 Required Signature of Incorporator

8/26/2019  
 Date